



Town of Lexington
Land Use, Health and Development Department
Office of Public Health
1625 Massachusetts Avenue
Lexington, MA 02420
(781)-698-4533
Fax (781)-861-2780

Permit Number: _____

Issued Date: _____

Permit Fee: _____

Check #: _____

Gerard F. Cody, R.E.H.S./R.S.
Health Director x 84503

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS
Environmental Health Agent x 84507

David Neylon, B, S.N., R.N.
Public Health Nurse x 84509

Board of Health

Wendy Heiger-Bernays, PhD, Chair
Sharon Mackenzie, R.N., CCM
Burt M. Perlmutter, M.D.
David S. Geller, M.D.
John J. Flynn, J.D.

Swimming Pool Permit Application

Permit Expiration Date: _____

Fees: \$170.00 – Pool
\$50.00 – Wading
\$125.00 – Special Purpose

Please provide and/or verify the following information:

Name of Pool:	
Address of Pool:	
Tel # at Pool:	
Contact Person Name:	
Home Address of Contact Person:	
Contact Home Tel #:	Contact 24 hr Emergency Tel #:
E-mail Address of Main Contact Person:	
Alternate Contact Person Name (must have an alternate):	
Home Address of Alternate Contact Person:	
Alternate Contact Home Tel #:	
Alternate Contact 24 hr Emergency Tel #:	
E-mail Address of Alternate Contact Person:	

Type of Pool (Check only one):

Public: _____ Semi-Public: _____ Wading: _____ Special Purpose: _____

Volume of Pool: _____ Length: _____ Width: _____

Non-swimming Area: _____ Swimming Area: _____

Diving Area: _____ Bather Load: _____

Filter Effluent Flow Meter Setting: _____ # of Turnovers per 24 Hours: _____

Skimmer Type: _____ Method of Water Treatment: _____

of Lifeguards: _____

Variance for no lifeguards requested of Board of Health (Yes or No): _____

Days and Hours of Pool Operation: _____

Days and Hours of Pool Operation without lifeguards: _____

Name of Certified Pool Operator (CPO): _____

CPO Home or if applicable Pool Company Address: _____

Tel # of CPO: _____ 24 hr Emergency Tel # of CPO: _____

(Please provide documentation of CPO certification and lifeguard training)

Signature of Applicant: _____

I understand that by signing this I am attesting to the accuracy of the information provided in this application and I affirm that the swimming pool operation will comply with 105 CMR 435.000 and all other applicable law.

Official Title: _____

Date: _____

For Board of Health Use Only:

Date Application Received: _____ Current Permit Expires: _____

No Lifeguard Variance Granted (Yes or No): _____

Date of Board of Health Meeting: _____